

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

Arelious Reed

Case: 2:20-cv-11523
Judge: Hood, Denise Page
MJ: Patti, Anthony P.
Filed: 06-5-2020 At 12:52 PM
CMP ARELIOUS REED V CORRECT CARE SOLUTIONS (SS)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: ☒ Yes ☐ No
(check one)

v.

Correct Case Solutions

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Arelious Reed
 Street Address 1515 Fort Street Unit #96
 City and County Lincoln Park, Wayne
 State and Zip Code Michigan 48146
 Telephone Number 734-672-4305
 E-mail Address reedarel@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name Correct Case Solutions
 Job or Title
 (if known) _____
 Street Address 1283 Murfreesboro Road Suite #500
 City and County Nashville, Davidson
 State and Zip Code Tennessee 37217
 Telephone Number _____
 E-mail Address _____
 (if known) _____

Defendant No. 2

Name _____
 Job or Title
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____
 E-mail Address _____
 (if known) _____

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

Defendant No. 3

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

(if known) _____

Defendant No. 4

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

(if known) _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

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A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Discrimination Under Title II
of the American with Disabilities Act, 42 U.S.C. Sec. 1213,
42 U.S.C. Sec. 12102, 42 U.S.C. Sec. 12132,
29 U.S.C. Sec. 794, 42 U.S.C. Sec. 2000d,

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual
The plaintiff, (name) Arelious Reed,
is a citizen of the State of (name) Michigan.

b. If the plaintiff is a corporation
The plaintiff, (name) _____,
is incorporated under the laws of the State of (name) _____,
and has its principal place of business in the
State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual
The defendant, (name) _____, is a citizen of the
State of (name) _____. Or is a citizen of (foreign
nation) _____.

b. If the defendant is a corporation
The defendant, (name) Correct Care Solutions is incorporated
under the laws of the State of (name) Michigan, and
has its principal place of business in the State of (name)
Tennessee. Or is incorporated under the laws of
(foreign nation) _____, and has its principal place
of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6-5, 20 20.

Signature of Plaintiff

Printed Name of Plaintiff

Archieus Reed
Archieus Reed

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

Additional Information:

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF MICHIGAN

SOUTHERN DIVISION

ARELIOUS REED,

Plaintiff,

CASE NO.

V.

JUDGE:

MJ:

CORRECT CARE SOLUTIONS,

Defendant.

_____ /

Areliaus Reed

CAUSE OF ACTION: DISCRIMINATION UNDER TITLE II OF THE AMERICAN WITH DISABILITIES ACT: CIVIL MONETARY PENALTIES INFLATION ADJUSTMENT UNDER TITLE III OF THE AMERICAN WITH DISABILITIES ACT OF 1990 (ADA): AMERICAN WITH DISABILITIES AND THE REHABILITATION ACT (PRISONERS): UNDER THE 14TH AMENDMENT UNDER SECTION 1, CIVIL RIGHTS AND EQUAL PROTECTION: 42 U.S.C. SECTION 1213: 42 U.S.C. SECTION 12102; DEFINITION OF DISABILITY: 42 U.S.C. SECTION 12132; DISCRIMINATION: 29 U.S.C. SECTION 794 NONDISCRIMINATION UNDER FEDERAL GRANTS AND PROGRAMS: TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, 42 U.S.C. SECTION 2000D; PROHIBITION AGAINST EXCLUSION FROM PARTICIPATION IN DENIAL OF AND DISCRIMINATION UNDER FEDERALLY ASSISTED PROGRAMS ON GROUND OF RACE, COLOR, OR NATIONAL ORIGIN: PLAINTIFF DEMANDS A TRIAL BY JURY PURSUANT TO FEDERAL RULES OF CIVIL PROCEDURE UNDER TITLE VI TRIALS RULE 38.

VERIFIED COMPLAINT

1. Plaintiff ARELIOUS REED, is an individual, and does business with the resident at 1515 Fort Street Unit #96, MI 48146 resides in the County of Wayne Michigan.
2. The Defendant CORRECT CARE SOLUTIONS, is a Corporation residing at 1283 Murfreesboro Road Suite #500, Nashville, TN 37217 and which does business in the City of Detroit, MI and/or the City of Hamtramck, MI and throughout the State of Michigan and/or The United States of America.

On or about May 04, 2017 approximately 4:27 p.m. Plaintiff Arelious Reed, was book in the Wayne County Jail housing facility location and hold at the William Dickerson Detention Facility in the City of Hamtramck, MI inmate booking number # 201700009265 on or about February 4, 2015, plaintiff was injured in a car wreck on his job work related accident and was receiving professional treatment with his Michigan license medical physicians, however as the Plaintiff Arelious Reed, arrive at the Wayne County Jail housing facility plaintiff was seen by a nurse that was employed by the Defendant Correct Care Solutions and the plaintiff explain his situation to the nurse about what had happened and all the medication he was currently taking the Defendant Correct Care Solutions employee's the nurse's has refuse to treat plaintiff with any type of medications (discrimination on ADA) which lead the plaintiff to suffer major medications withdrawals for his three (3) months time period. Although, later the plaintiff

charges were dropped and Plaintiff Arelious Reed was released on August 8, 2017, all exhibit(s) will be presented to the Court upon further discovery process. Furthermore, under Civil Monetary Penalties Inflation Adjustment Under Title III of the American with Disabilities Act of 1990 (ADA), allows the plaintiff to sue for the maximum amount of \$150,000.00.

Wherefore:

For the reasons set forth above, Plaintiff ARELIOUS REED, is seeking request relief sought against the Defendant CORRECT CARE SOLUTIONS, under

**DISCRIMINATION UNDER TITLE II OF THE AMERICAN WITH
DISABILITIES ACT: CIVIL MONETARY PENALTIES INFLATION
ADJUSTMENT UNDER TITLE III OF THE AMERICAN WITH DISABILITIES
ACT OF 1990 (ADA): AMERICAN WITH DISABILITIES AND THE
REHABILITATION ACT (PRISONERS): UNDER THE 14TH AMENDMENT
UNDER SECTION 1, CIVIL RIGHTS AND EQUAL PROTECTION: 42 U.S.C.
SECTION 1213: 42 U.S.C. SECTION 12102; DEFINITION OF DISABILITY: 42
U.S.C. SECTION 12132; DISCRIMINATION: 29 U.S.C. SECTION 794
NONDISCRIMINATION UNDER FEDERAL GRANTS AND PROGRAMS:
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, 42 U.S.C. SECTION 2000D;
PROHIBITION AGAINST EXCLUSION FROM PARTICIPATION IN DENIAL
OF AND DISCRIMINATION UNDER FEDERALLY ASSISTED PROGRAMS**

ON GROUND OF RACE, COLOR, OR NATIONAL ORIGIN: PLAINTIFF

DEMANDS A TRIAL BY JURY PURSUANT TO FEDERAL RULES OF CIVIL

PROCEDURE UNDER TITLE VI TRIALS RULE 38 In the amount of \$150,000.00

nevertheless, Plaintiff ARELIOUS REED, demands a trial by Jury pursuant to Federal

Rules of Civil Procedure under Title VI Trials Rule 38.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Arelious Reed
Wayne

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

ProSe

DEFENDANTS

Correct Care Solutions
Davidson

County of Residence of First Listed Defendant

NOT

Case: 2:20-cv-11523

Judge: Hood, Denise Page

Attc

MJ: Patti, Anthony P.

Filed: 06-5-2020 At 12:52 PM

CMP ARELIOS REED V CORRECT CARE SOLUTIONS (SS)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609				

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 U.S.C. Sec. 12132, 42 U.S.C. Sec. 12132, 29 U.S.C. Sec. 794
 Brief description of cause:
Discrimination Under Title II of the American with Disabilities Act

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

150,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND:

☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

6-5-2020

SIGNATURE OF ATTORNEY OF RECORD

Arelious Reed

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

1. Is this a case that has been previously dismissed?

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

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